

EXHIBIT 51



Georgia Network for Educational and Therapeutic Support

Request for GNETS Consultation

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

Please keep this coversheet on top of packet for confidentiality purposes.



Request for GNETS Consultation

Student First/Last Name	GTID		Date Submitted
DOB	Race	Gender	Grade
System	School Attending		Home School

Check the Consultative Services you would like for GNETS to provide (choose one):

- ☐ Participation in a planning meeting
- ☐ Functional Behavior Assessment (FBA) Coaching
- ☐ Participate in Behavior Implementation (BIP) Plan Development
- ☐ Classroom Observation and Written Feedback
- ☐ Records Review with Feedback

What concerns do you have regarding the student and the reason for requesting GNETS Consultation?

	Print name	Contact phone & email
Referring Teacher		
Referring Principal (or Designee)		
Special Education Director (or Designee)		

Please email, mail or fax this form to: